



&Complex Needs &Dual Diagnosis

ALL PARTY PARLIAMENTARY GROUP

**Minutes from the 47th All Party Parliamentary Group on Complex Needs and Dual
Diagnosis meeting – ‘Reflections on the Government’s Drug Strategy’
Wednesday 8th December, 16:00 – 17:00
Virtual Meeting**

Chair - Lord Victor Adebowale CBE

Lord Victor Adebowale CBE (VOA) opens the meeting. **VOA** explains how APPG has been running for 14 years now and during the that time it has covered a diverse range of important topics which seek to tackle the gaps in provision for those with complex needs. **VOA** then set out the agenda for the meeting

Introductory remarks – Lord Victor Adebowale CBE

VOA gives some context to the discussion and explains that this meeting would focus on the Government’s drug strategy released earlier this week and would reflect on the strategy and how far it builds on the recommendations in Part 2 of the Dame Carol Black (DCB) Review. **VOA** notes that the meeting would look towards the opportunities for the substance misuse sector and how the strategy can support people with complex needs.

VOA goes on to give some background on Dame Carol Black review part 2 (2021), explaining that the second part of the review was released in July 2021 and focuses on treatment, recovery and prevention giving consideration to adults and young people. The report’s aim is to make sure that vulnerable people with substance misuse problems get the support they need to recover and turn their lives around, in the community and in prison. **VOA** highlights that the report contains 32 recommendations for change across various Government departments and other organisations, to improve the effectiveness of drug prevention and treatment and to help more people recover from dependence.

VOA then moves on to contextualise drug-related deaths, which in August 2021 in England and Wales in 2020 was the highest since records began in 1993. In total, 4,561 deaths related to drug poisoning were registered. The total death toll is 3.8% higher than the figure for 2019, when 4,393 deaths were recorded. There has also been a 60% increase in drug-related deaths over the past decade. **VOA** stresses how this has made for a strategy on drugs all the more important.

VOA next talks about the Government's drug strategy, a 10-year UK Government plan to combat illegal drugs setting out how the Government are attempting to cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life.

VOA explains that the whole strategy is underpinned with £900 million of new investment and seeks to make progress in 3 key areas:

- Delivering a world-class treatment and recovery system
- Breaking drug supply chains
- Achieving a generational shift in the demand for drugs

Delivering a world-class treatment and recovery system

- **VOA** explains that the Government will invest £533 million over three years to rebuild local authority commissioned substance misuse treatment services in England. This is additional to the current annual public health grant spend (£670 million in 2019/20), which the Government expect local authorities will continue to invest in drug and alcohol services going forward
- Staff will have lower caseloads and the skill to deliver more evidence-based psychological interventions. This will improve recovery rates for all people in drug treatment but will be particularly valuable for non-opiate users and recently initiated heroin users.
- The Government will continue investment in the rough sleeping drug and alcohol treatment grant (RSDATG) to improve services for people who sleep rough or are at risk of sleeping rough, building on substantial funding invested in 2020/21 and 2021/22, including a further investment of at least £15 million to expand this over the next three years
- The Government aims to transform the system so that providing trauma informed care becomes the norm, and complex needs (such as homelessness) are recognised and responded to

Breaking drug supply chains

VOA explains that there are a few ways in which the Government plans to break down supply chains:

- **Restricting upstream flow** - A concerted focus on prevention overseas is key to managing potential risks emanating from law enforcement responses.
- **Targeting the 'middle market'** - OCGs operate a wholesale 'middle market' between the large-scale importation of drugs through the border and dealing that takes place in our neighbourhoods.
- **Rolling up county lines**- They will move county lines from a low-risk, high-reward to a high-risk, high-consequence criminal activity
 - Strengthening their flagship County Lines Programme to tackle the most violent and exploitative distribution model yet seen. This is backed by £145 Million

Achieving a generational shift in the demand for drugs

- **VOA** explains that a new approach – supported by an additional investment of £25 million – will be rolled out within three years to set the framework for the next decade and drive down rates of illegal drug use.
- the Government are commissioning a comprehensive domestic and international research project on reducing drug use across society, the first component of which will make initial policy recommendations in spring 2022 with an ongoing programme of work.

VOA then moves on to introduce the first speaker, **Oliver Standing, Director at Collective Voice (OS)**. He explained how **OS** has worked in the field of drugs and alcohol for over a decade and is now Director at Collective Voice, the national alliance of drug and alcohol treatment and recovery charities.

Guest speaker – Oliver Standing – Director - Collective Voice

OS thanks **VOA** for chairing the APPG meeting and thanks the room for his invitation to speak during this auspicious time considering the release of the drug strategy and Dame Carol Black's review published earlier this year. **OS** explains that firstly he aims to quickly summaries the drug strategy with quite an optimistic tone before getting into a bit more detail and answering any questions people may have.

Before moving on, **OS** briefly explains his expertise in the field: he has worked in the field of drugs and alcohol for over a decade, previously being the Director of Policy and Communications for Adfam, the national charity working to improve life for families affected by substance use. He is now Director at Collective Voice, the national alliance of drug and alcohol treatment and recovery charities. **OS** clarifies that this includes 9 of the largest drug treatment providers in the country and was created in 2015 by third sector organisations coming together to ensure the voice of the drug and alcohol treatment sector, and the people who use its services, was heard in policy and political discussions

OS then moves on to contextualising the political changes within the past decade which serve as a backdrop for the drug strategy. Austerity has shaped much of what we do and has dictated a lot of what we cannot do. **OS** also emphasizes shifts to localism as another salient political feature for discussion of drug treatment and highlights the 60% increase in drug-related deaths over the past decade. These developments have not been tackled by previous drug strategies.

OS explains that treatment policy necessarily cuts across multiple departments of state and therefore DCB has been so clear about how it is an 'everything' issue with deep roots among many different societal sectors and governmental departments. It is for this reason, **OS** explains, that the answer to drug treatment must include and involve cross cutting strategy.

OS highlights the wonderful job DCB has done in both preparing the report but also in managing to extract so much money out of the treasury especially considering the context of the pandemic and the purse tightening this has led towards seemingly across the board.

OS moves on to discuss the Government's drug strategy which aims to keep an overarching 10-year canopy with then 3-year segments within, which allows reiterations and responses to the developing situation. This is a positive as it recognises the complex nature of drug treatment making the drug strategy dynamic as opposed to static.

OS explains that from a funding perspective the drug strategy is also positive regarding drug treatment. The Government will invest £533 million over three years to rebuild local authority commissioned substance misuse treatment services in England. This is additional to the current annual public health grant spend (£670 million in 2019/20). The Government will continue investment in the rough sleeping drug and alcohol treatment grant (RSDATG) to improve services for people who sleep rough or are at risk of sleeping rough, building on substantial funding invested in 2020/21 and 2021/22, including a further investment of at least £15 million to expand this over the next three years.

OS explains that he thinks the drug strategy is quite direct and does not pull its punches regarding the worsening situation and the increase in drug-related deaths. The strategy is strong on the accountability of governments and builds on the 2016 drug strategy which had good ideas but lacked the ability to keep Government bodies to account.

OS highlights the importance of the drug strategy being cross-governmental; involving the six departments identified by **DCB**. This move trails the establishment of the (relatively small) cross-governmental (drawing staff from each of the six departments) drugs unit set up earlier this year. The purpose of this unit being not to form new policy but rather, to shape and align existing departmental and Government-wide policy. **OS** explains that the drug strategy is clear – what is needed is a whole system response and not a hand picking of easier to accomplish items from **DCB** review.

Regarding negatives, **OS** states that the tough on crime narrative should not be misplaced on to those within the cycle of substance misuse. Stigma prevents people from seeking help and this must not be something which is propagated.

OS also draws attention to the bizarre categories of recreational or dependant drug use which appears to fall apart under close scrutiny. **OS** urges focus on drug treatment, rather than stigmatisation and the criminalisation of drug use.

VOA thanks **OS** for his presentation and said it provided great insight into the discussion regarding the drug strategy. **VOA** then introduces the second speaker **Dr Emily Finch (EF), Vice Chair at the NHS Addictions Provider Alliance**. The NHS Addictions Provider Alliance work collaboratively with service users, carers and other organisations who are committed to on-going development in the addictions field. **EF** is also Vice Chair of the Addictions Faculty at the Royal College of Psychiatrists and Clinical Director at South London and Maudsley NHS Foundation's Southwark Central Acute and Addictions Directorate.

Guest speaker – Dr Emily Finch - Vice Chair - NHS Addictions Provider Alliance

EF starts by thanking **OS** for his insight and **VOA** for his comprehensive introduction. Before moving to the main topic, **EF** states that she is a clinician who works with a category of people who have complex needs and will therefore have a slight focus on this group particularly and what the drug strategy can do for them.

Regarding positives, **EF** explains that the focus on treatment is good and warmly welcomed as is the new money brought by the drug strategy. The Office for Health Improvement and Disparities (OHID) will lead on monitoring local areas and, from 2022/23, this will include an annual publication of key

national and local indicators to show progress. The Government will invest £533 million over three years to rebuild local authority commissioned substance misuse treatment services in England. This is additional to the current annual public health grant spend (£670 million in 2019/20),

EF explains that the fact the **DCB** review brought some national scrutiny to the sector is important and that all-in-all, the Government has essentially taken in all **DCB** suggested. This includes:

- Increase in treatment quality and capacity.
- Strengthening the skills and professional mix of the workforce.
- Full range of treatment and harm reduction interventions are available and
- Investing in recovery communities.
- Rebuilding the sector's health professional workforce and improve the level of skill and training among drug workers and peer recovery workers.
- Increased housing and employment opportunities.
- Drug treatment, probation and prison service integration.

EF moves on to the positives in the drug strategy regarding complex needs and integrated services; including professional staff and volunteer services – something which is very important from an NHS perspective. This Government has promised better commissioning to make sure that there is locally joined-up service provision between specialist mental health services and substance misuse services for people with co-occurring issues including those experiencing rough sleeping. They have also promised to make sure the next phase of the Integrated Care System development includes leadership on drugs and alcohol to integrate physical and mental health care with substance misuse services.

EF then explains what is needed to ensure the aforementioned goals are met. Firstly, trying to get substance misuse on the agenda for integrated care has been incredibly difficult and I don't think we must underestimate that challenge moving forward – politically and practically. Secondly, the full involvement of NHS as a treatment provider is needed in addressing wider health issues and local accountability is needed (for which the commissioning guidance coming out in April is set to address). Finally, **EF** points out that the full range of treatment must adapt to patients' individual needs and be flexible. A one-size-fits all services does not cater to complex needs. Currently there is very little choice for service users – perhaps the introduction of choice in treatment for users.

EF concludes that the drug strategy is a step in the right direction but there are some key issues – namely the silence on alcohol addiction and treatment which has a complex relationship with drug treatment. Also, the language propagated by the press and the criminal justice slant on the issue (rather than treatment focused) can be off-putting and divisive.

Questions comments for the speakers/whole group discussion

VOA invites **Professor Sir John Strang (JS)**, a leading clinical academic and **Head of the Addictions Department at Kings College London**, to comment of the drug strategy.

JS states his agreement with the optimistic take and that the **DCB** review and the subsequent drug strategy have been very detailed. Those in drug treatment services are so used to complaining about the lack of resources and the fact no one is listening to us. Now we finally have gotten some

attention we need to change our mind sets. People have listened and we need to make the most of this opportunity.

VOA directs a question at **OS** regarding the efficacy of dual diagnosis and one size-fits-all within drug treatment.

OS explains that at its core it is a people centred mantra - the system has been impoverished by lack of resource for a long time and therefore its necessarily retracted to core treatments. Therefore, when moving outward we need to support and diversify more individual treatment. Building on local partnerships is a big part of moving forward. My worry is mainstream health won't recognise substance misuse as proper health services. More cultural change and collaboration within health is needed moving forward.

Christopher Fieldhouse (CF), Consultant Nurse at North Staffordshire Combined Healthcare NHS Trust, states that he would agree that dual diagnosis is a divisive term as it suggests the issue is about access to two services, whereas people with multiple and complex needs require a response from an integrated service

Nick Maguire (NM), associate Professor in Clinical Psychology at University of Southampton comments: people arguably who suffer most, such as deaths due to drug use (e.g. people who are homeless) need much more integrated mental health and drug user care. The two are not just linked, but functionally related.

Finally, **VOA** invites **Jane Stevenson (JS) MP**, to comment.

JS apologises for not being present throughout the whole meeting due to voting in parliament. **JS** welcomes the drug strategy as a very positive and good step forward. In places like my constituency, Wolverhampton, this issue is very salient when considering things like county lines. As far as treatment goes, I'm glad DCB will continue to monitor the drug strategy moving forward. **JS** admits she is feeling reasonably hopeful that progress can be made.

Close meeting

VOA notes that the meeting now must now be concluded and says he is curious to see how this strategy rolls out in practise. Down the line, focusing geographically how the strategy plays out is important as **JS** said, places like Wolverhampton and substance misuse have a very tangled and complex relationships. How will these kind of places look regarding the implementation of the drug strategy?

VOA voices his agreement with the speakers on this call however, we need take a positive approach, with the new money introduced in this strategy. **VOA** thanks everyone very much for joining him today, thank you.

Attendee list

Name	Role	Organisation
Lord Adebawale	Peer	House of Lords

Jane Stevenson MP	Member of Parliament	House of Commons
Andre Geel	Chair Faculty of Addictions	British Psychological Society
Christopher Fieldhouse	Consultant Nurse	North Staffordshire Combined Healthcare NHS Trust
Claire Gleeson	Business Development Lead,	KeyRing Living Support Networks
Claudine Pisani	Clinical Educator	Central and North West London NHS Foundation Trust
Dani Collins	Prog. Leader MSc Mental Health and Substance Use	Middlesex University
Dr Emmert Roberts	MRC Clinical Research Fellow	National Addiction Centre
Eloise Tabernacle	Care Manager/Trainer	RBKC Dual Diagnosis Team
Emily Finch	Vice Chair	NHS APA
Eoin Bolger	Regional Head of Operations	Turning Point
Gaynor Driscoll	Head of Commissioning Substance Misuse and Offender Health	LBHF/RBKC/WCC
Harry Shapiro	Chief Executive	Drugwise
Jaime Gargas	Account Executive	Hanover
Jan Larkin	Head of Psychology	Turning Point
Jessica Southgate	Deputy Chief Executive	We are Agenda
John George Graham	Therapeutic Counsellor	Therapeutic Counsellor
John Trolan	Chief Executive	The Nelson Trust
Julie Bass	Chief Executive	Turning Point
Lee Wilson	Regional Director	Humankind
Lois Dugmore	Nurse consultant	Leicestershire Partnership NHS Trust
Natasha Buckham	Research and Policy Officer	Alcohol Change UK
Natalie Travis	National Head of Service - Public Health & Substance Misuse	Turning Point
Nick Maguire	Associate Professor in Clinical Psychology	University of Southampton
Nicola Kalk	Consultant Addiction Psychiatrist	Kings College Hospital

Nicola Metribian	Senior Research Fellow	King's College London
Oliver Standing	Director	Collective Voice
Professor Sir John Strang	Head of the Addictions Department	King's College London
Regina Mambu-Small	Senior Drugs Worker	Rapt
Richard Hanford	Co-ordinator	Drugs, Alcohol & Justice Cross-Party Parliamentary Group
Sarah Kennedy	Director of External Affairs and Marketing	
Sophy Molloy	Dual Diagnosis Lead	Mind
Stefani Nagpal	Nurse	Phoenix MHS
Tim Millar	Professor of Substance Use and Addictions	The University of Manchester
Tim Sampney	Chief Executive	Build on Belief